

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10708992</div>	Filing Date <div style="font-size: 1.2em; font-family: cursive;">4-6-4</div>
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1							
2		1						
3								
4								
5								
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7								
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9								
10	1							
11								
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19								
20	1							
21		1						
22	1							
23								
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26	1							
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29	1							
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45								
46								
47								
48								
49								
50								
Total Indep	6							
Total Depend	23							
Total Claims	29							
51								
52								
53								
54								
55								